



Decentralized Water Systems Program

DWS Loan Application

Requirements

- Residence must be in a rural town or community in Illinois, Indiana, Ohio, Michigan or Wisconsin with a population not exceeding 50,000.
- Applicants must own and occupy the home being improved or be purchasing the home.
- New home construction and community water systems are not eligible.
- Household income may not exceed the following: Illinois - \$35,061, Indiana - \$33,470
Ohio - \$33,130; Michigan - \$31,282; Wisconsin - \$33,863

Terms

- Maximum loan amount: \$15,000 per system, Interest rate – 1%
- Maturity may not exceed 20 years and will depend upon repayment ability
- Associated loan costs (credit report, recording fees, loan fees) are at borrower expense and will be included in the loan

Instructions

The attached application and all forms need to be completed. A minimum of two estimates need to be provided by Contractors/Vendors. The Guidelines located at the end of the application (page 9) need to be given to the contractors/vendors upon initial contact. The estimates from the contractor/vendor need to be sent or e-mailed along with the application, forms, and attachments to:

Angie McConnell
PO Box 590
Fremont, Ohio 43420
ammcconnell@glcap.org

If funded, a \$25.00 application fee will be added to the loan.
Questions with completing the application can be addressed by calling:

1-800-775-9767

GLCAP is an equal opportunity employer

APPLICANT INFORMATION

Name (include Jr. or Sr. if applicable): _____
Address: _____
City, State, Zip: _____
County: _____
Phone /Cell Number: _____
E-mail: _____
Mailing Address (if different from above): _____
How long have you been at this address? _____

PROJECT INFORMATION

Type of Home where work will be completed:
Stick Built Manufactured

Do you currently own and live in the home where the work will be completed?
 Yes No If not, explain _____

How did you hear about this loan program? _____

Loan Amount Requested: \$ _____

Loan Term Requested (enter 5,10, 15, or 20 years): _____

What is the Problem to be corrected with the loan? _____

HOUSEHOLD INFORMATION

Name (List Head of Household First)	Social Security Number	Relationship to Applicant*	Date of Birth* (mm/dd/yyyy)	Male/Female*
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

*This information is for administrative purposes only and is not used to determine whether or not you are granted assistance.

HOUSEHOLD INCOME INFORMATION (monthly)

(For all members of the household)

Sources	Applicant	Co-Applicant	Other(s)
Wages,Salaries,Tips, Business Income	\$ _____	\$ _____	\$ _____
SSI	\$ _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	\$ _____
VA Benefits	\$ _____	\$ _____	\$ _____
Other Disability Income	\$ _____	\$ _____	\$ _____
AFDC/TANF	\$ _____	\$ _____	\$ _____
Child Support/Alimony*	\$ _____	\$ _____	\$ _____
Pension	\$ _____	\$ _____	\$ _____
Rental Income	\$ _____	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____	\$ _____
Other (Specify: _____)	\$ _____	\$ _____	\$ _____
TOTAL-All Sources	\$ _____	\$ _____	\$ _____

* Child Support and alimony income does not need to be revealed unless the applicant wishes to rely on that income in the determination of creditworthiness

HOUSEHOLD DEBT INFORMATION

Loans	Amount	Monthly Payment
Total Mortgage Loan(s):	\$	\$
Total Auto Loan(s):	\$	\$
Total Credit Card(s):	\$	\$
Other (Specify):	\$	\$
Other (Specify):	\$	\$
Other (Specify):	\$	\$
Total:	\$	\$

Note: A co-signor may be required if you do not meet required income/expense guidelines. You will be advised if a co-signor is required and additional information that will be required for the co-signor.

CONTRACTOR INFORMATION

List Contractors Supplying Estimates

Contractors must be provided guidelines on page 8 of this application before supplying estimate and other necessary information.

_____	_____
Contractor	State License Information
_____	_____
Contractor	State License Information

Comments: Contractor preference, if any, and reason:

Please provide the following documentation:

- Copy of valid Photo I.D. (driver's license, passport, etc.)
- Copy of property deed, deed of trust with property description
- Latest property tax statement
- Copy of most current pay stub/statement or other income documentation
- Copy of well drilling and/or water system or septic cost estimates
- Proof of House Insurance (copy of declaration)
- Copy of recent year's tax returns



**ACKNOWLEDGMENT OF RECEIPT OF
ECOA NOTICES AND DISCLOSURES
Individual Household Well Loan**

TO: Great Lakes Community Action Partnership

I (We) acknowledge receipt of the notices and warnings contained herein:

1. **Notice:** The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, or the fact that the applicant has in good faith exercised any right under the consumer Credit Protection Act. The federal agency which administers compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Gelman Building 2120 L Street, N.W., Washington, D.C. 20037.

2. **Warning:** No person may be required to designate a courtesy title, such as Mr., Ms., Mrs., or Miss.

3. **Notice:** When applying for a loan, you may use your birth given name, first and surname or a birth given name, first and surname or a birth given first name and a combined surname.

4. The federal government has requested that information regarding race, national origin, sex, marital status and age of applicants for home loans be gathered in order to monitor compliance with federal antidiscrimination statutes which prohibit creditors from discriminating against applicants on these bases. The law provides that a lender may neither discriminate on the basis of this information nor on whether or not it is furnished. Furnishing this information is optional.

5. **Notice:** The Federal Equal Credit Opportunity Act allows the creation of special purpose credit programs for economically disadvantaged persons. If all of the participants must share one or more characteristics that are protected classifications, then information as to that characteristic may be requested.

Applicant Signature: _____

Date: _____

Print name: _____

Applicant Signature: _____

Date: _____

Print name: _____

CERTIFICATION AND CONFIDENTIALITY

I/We have reviewed the information provided and attest that to the best of my knowledge nothing has been omitted or misrepresented on this application and to the best of his/her knowledge that the information provided in this application is correct and that the water well to be developed, repaired, or improved will solely serve the residence at the address listed above. The undersigned further understands that Great Lakes Community Action Partnership (GLCAP) will pay the requested loan amount to the contractor and the undersigned is responsible for any balance due the contractor and borrower assigned to the well project on the property described above.

My/Our signature(s) below grants permission to GLCAP or designated agent to verify any or all information contained herein with respect to this application for assistance. I/we understand the information in this application is strictly confidential, and is provided solely for the purpose of determining my eligibility under this program. No information contained herein will be released to any other local, state, or federal agency for any purpose without my/our expressed written consent, except as it may pertain to my receipt of the funding resources made available through this application.

I/we authorize you to make whatever credit inquiries you consider necessary concerning the statements made in this loan/grant application. I/we agree that the application shall remain your property whether or not the loan/grant is granted. I/we also agree that you may give information regarding my experience with you to credit bureaus and other proper persons. Under penalties of perjury, I/we certify that I/we have provided my correct Social Security Number.

In consideration for any loan proceeds paid on behalf of the applicant, the undersigned hereby releases and agrees to indemnify and hold harmless GLCAP and its authorized representatives and the referring agency and its authorized representatives from any and all liability in connection with the performance of the repairs and/or improvements.

The undersigned agrees to provide GLCAP access to the property at a reasonable time for the purpose of inspecting the work and conducting follow-up visits, if desired or necessary.

Signature of Applicant

Date

Social Security #

Signature of Co-Applicant

Date

Social Security #

Civil Rights and Equal Opportunity

The following information is requested by the Federal Government in order to monitor the Recipient's compliance with Section 504 of the Rehabilitation Act of 1973, The Americans with Disabilities Act of 1990, Title VI of the Civil Rights Act of 1964, and the Age Discrimination Act of 1975. You are not required to furnish this information, but are encouraged to do so. The law requires that a lender may not discriminate on the basis of this information or on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations, this lender is required to note race/ethnicity on the basis of visual observation or surname. If you do not wish to furnish the above information please check the box below.

Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's Target Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online @http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

Applicant

Ethnicity:

- White
- Black/African American
- Asian
- Native Hawaiian or Other Pacific Islander
- Native American Indian/Alaskan
- Hispanic/Latino
- Non-Hispanic/Latino
- I do not wish to provide this information

Sex:

- Male
- Female
- I do not wish to provide this information

Co-Applicant

Ethnicity:

- White
- Black/African American
- Asian
- Native Hawaiian or Other Pacific Islander
- Native American Indian/Alaskan
- Hispanic/Latino
- Non-Hispanic/Latino
- I do not wish to provide this information

Sex:

- Male
- Female
- I do not wish to provide this information

Credit is provided without regard to sex, marital status, race, color, religion, national origin, age, physical or mental disability, receipt of income from public assistance or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

Contractor/Vendor Guidelines:

The Homeowner is intending to use funding provided by USDA through Great Lakes Community Action Partnership for a water/well or septic home improvement project.

Please provide the following information to the homeowner:

- Estimate with detailed description of work including problem that will be resolved

If you provide the lowest and best estimate a letter will be sent to you requesting the following additional documents to complete and return before construction can start:

- Copy of Contractor's License
- Copy of Debarment Certification
- Copy of Proof of Liability Insurance
- Copy of Worker's Compensation Certificate
- Contract Agreement with Homeowner
- Copy of Permit, if applicable
- W-9
- Signed proceed to work/project start date

Once the construction is complete the following documents are needed before payment is submitted:

- Waiver of Liens
- Warranty certification (minimum of 18 months)
- Signed homeowner's acceptance
- Signed contractor affidavit
- Signed contractor invoice, release of liens and warranty form
- Signed local regulator acceptance

Questions can be directed to:

Angie McConnell (GLCAP) 1-800-775-9767